

MOTOR VEHICLE OPERATOR QUALIFICATIONS AND RECORD OF LICENSING, EXAMINATION AND PERFORMANCE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 USC 8012; 44 USC 3101; EO 9397.

PRINCIPAL PURPOSE: To record operator qualification and record of licensing, examination, and performance.

ROUTINE USE(S): Analyze driving record of individuals; determine physical profile changes since last medical examination; determine past and current driving experience; make necessary adjustments on member's driving record; determine safe driver award as prescribed in governing directives. Information may be disclosed to any DOD component and upon request, to other federal, state, and local agencies in the pursuit of their official duties. It may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: If requester fails to furnish the information solicited, SF 46, US Government Motor Vehicle Operator's Identification Card, will not be issued.

NAME (Last, First, Middle Initial)	GRADE	TITLE	ORGANIZATION			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Yr, Mo, Day)	AGE	COLOR OF HAIR	COLOR OF EYES	HEIGHT	WEIGHT

I. BACKGROUND AND EXPERIENCE					
TYPE OF VEHICLE a	SIZE b	TYPE OF DRIVING OR OPERATION (City, rural, long haul, etc.) c	DRIVER'S LICENSES (Government, State, etc.) d	DATE AND PLACE QUALIFIED (Give "Date" in Yr, Mo, Day) e	SATISFACTORY EXPERIENCE VERIFIED BY f

II. PHYSICAL EXAMINATION (When applicant fails 1 and 2 below, refer them to medical facility)										
INITIAL					DATE (Yr, Mo, Day)		RENEWAL		EXAM INITIALS	DATE (Yr, Mo, Day)
1. VISUAL ACUITY (Distance)	GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO		RESTRICTIONS		NAME OF EXAMINER		PASSED	FAILED		
	LEFT EYE 20/		RIGHT EYE 20/		<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED					
2. COLOR PERCEPTION	RED, AMBER, GREEN (Tower signals, if applicable)		<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED							
3. MEDICAL REFERRAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			RESULTS OF MEDICAL EXAMINATION							

III. ROAD TEST (Use for initial, renewal, or reexamination only)			
DATE (Yr, Mo, Day) a	TYPE OF VEHICLE b	ROAD TEST SCORE c	COMMENTS, RECOMMENDATIONS AND SIGNATURE OF ROAD TEST EXAMINER d

I understand the instructions received at the driver training school; state, local, and base traffic regulations, proper procedures for completing trip tickets and accident reports; and my responsibility and consequences involving negligence in failing to perform preventive maintenance to motor vehicles, or being at fault in causing accidents. I have been shown how to overcome or adjust my driving weaknesses.

DATE (Yr, Mo, Day)		SIGNATURE OF APPLICANT	
INITIAL	RENEWAL	INITIAL	RENEWAL

LICENSE RECORD

(List chronologically as a "credit" - award, training, retraining, roadeo, etc.; and as a "debit" - accident, arrest, violation, warning, revocation, suspension, etc.)

DD Form 1360 Reverse, SEP 78